

MDR Tracking Number: M5-04-1574-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 02-02-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, unlisted therapeutic procedures, vasopneumatic device, unlisted physical medicine/rehab services, joint mobilizations, and office consultation from 3/03/03 through 4/07/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On April 21, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 97799 for dates of service 3/3/03 through 3/12/03 was denied by the carrier with an "M" denial code—no MAR. In accordance with the 1996 Medical Fee Guideline, part VI of the General Instructions states that "a MAR is listed for each code excluding documentation of procedure (DOP) codes and HCPCS codes. HCPs shall bill their usual and customary charges. The insurance carrier will reimburse the lesser of the billed charge, or the MAR. CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate." The carrier paid \$35 for this code on each of the dates of service outlined above. Relevant information (i.e. redacted EOBs- with same or similar services- showing amount billed is fair and reasonable) was not submitted by the requestor to confirm that \$75 per hour is their usual and customary charge for this service. Therefore, reimbursement is not recommended.

Based on the information outlined above, the request for reimbursement for dates of service 3/03/03 through 4/07/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 29th day of September 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 4/27/04

MDR Tracking Number: M5-04-1574-01
IRO Certificate Number: 5259

April 15, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

Available information suggests that this patient reports a low back injury while lifting a bumper while at work on ___. He presented initially to ___ and was examined by a Dr. P. The patient was prescribed medications and provided physical therapy for lumbosacral strain conditions only. The patient began seeing an osteopath, Dr. B and a chiropractor, Dr. M on 08/20/02, and continued with additional medications, physical therapy modalities and spinal manipulation through 05/06/03. The patient subsequently

began experiencing additional thoracic pain and was referred for epidural steroid injections and thoracic facet injections with a pain management physician, Dr. W. Lumbar MRI performed 09/18/02 suggests discogenic spondylosis at T11/12 and degenerative facet arthrosis at L4/5 and L5/S1. Thoracic MRI dated 10/04/02 suggests 2-3mm central disc protrusion at T11/12. The patient is referred to another chiropractor, Dr. U on 02/17/03 for a series of DRX spinal traction treatments. Patient complaints at this point are largely limited to the thoracic spine with no demonstrated radiculopathy. The patient begins a new program consisting of non-invasive lumbo/thoracic nerve block (e-stim./Matrix treatment), vasopneumatic modalities (DRX), joint mobilization and therapeutic activities at 5x per week for 2 weeks. This appears to be provided concurrently with similar treatments ongoing with Dr. M. Though very little functional or subjective improvement is documented with initial 2-week trial of DRX and Matrix treatments, these appear to be continued from 03/07/03 through 04/07/03. Chiropractic notes provided by Dr. U during this time again reflect no functional or subjective improvement.

REQUESTED SERVICE(S)

Determine medical necessity for office visits (99212, 99213), unlisted ther. Proc. (97139), vasopneumatic dev. (97016), unlisted phys. med/rehab serv. (97799), joint mobilization (97265) and office consultation (99243) for dates in dispute 03/03/03 thru 04/07/03.

DECISION

Denied. Medical necessity for these ongoing treatments (97139, 97016, 97799, 97265) and services (03/03/03 through 04/07/03) are **not** supported by available documentation.

RATIONALE/BASIS FOR DECISION

Ongoing therapeutic modalities of this nature suggest little potential for further restoration of function or resolution of symptoms at this phase of care. With doctor's notes suggesting little measurable, objective or subjective improvement during 2-week trial period, medical necessity for continuing this level of care would **not** appear warranted. Documentation **does not** support 99243, 99213 and 99212 established patient evaluation and consultation services during this period.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Gupta RC, Ramarao MS. Epidurography in reduction of lumbar disc prolapse by traction. *Archives of Physical Medicine & Rehabilitation* 1978;59 (Jul):322-327
3. Bogduk N, Mercer S. Musculoskeletal Physiotherapy - Clinical Science and Practice *Butterworth Heinemann, Oxford* (1995) Selection and application of treatment in Clinical Practice, Refshauge KM, Gass EM.
4. Cyriax J. The treatment of lumbar disc lesions. *British Medical Journal* 1950; (Dec 23):1434-1438.
5. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.

6. Bigos S. et al. AHCPR Publication No. 95-0643, "Acute Low Back Problems in Adults: Assessment and Treatment" – December 1994.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.